

**EXECUTIVE LOBBYING
SUPPLEMENTAL REGISTRATION FORM**

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form or to add employees or those you represent. It must be submitted within 10 days of any termination of employment or representations.

274
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY

Postmark Date: 3/8/08

Supp-08

3071374

1. NAME Johnson Bandal MI
Last First

NAME
CHANGE Last First MI

2. BUSINESS PHONE (225) 381-0166
(Area Code) Phone Number

3. FAX PHONE (225) 381-0163

4. BUSINESS ADDRESS 637 St. Ferdinand Baton Rouge LA 70802
Street and No. City State Zip

MAILING ADDRESS Dorm
Street and No. City State Zip

5. EMPLOYER Southern Strategy Group of LA, LLC

6. EMPLOYER'S ADDRESS 637 St. Ferdinand Baton Rouge LA 70802
Street and No. City State Zip

7. Have you ceased or terminated all lobbying activities requiring registration? Yes No Y

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1) Name St. Gabriel Downs, LLC
Address 640 Jefferson Street, Suite 1030, Lafayette, LA 70501
Business or purpose Gaming

☒ New Representation
Does this person pay you? no

If No, who pays you? Southern Strategy Group of LA, LLC

☐ Terminated Representation as of

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2) Name Coalition for Common Sense
Address 8440 Jefferson Hwy., Ste 301, Baton Rouge, LA 70809
Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3) Name _____
Address _____
Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.


Signature of Lobbyist